

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORMS 1-576)**

09788085

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/88025
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						/	51				/		
2						/	52				/		
3						/	53				/		
4						/	54						
5						/	55						
6						/	56						
7						/	57						
8						/	58						
9						/	59						
10						/	60						
11						/	61						
12						/	62						
13						/	63						
14						/	64						
15						/	65						
16						/	66						
17						/	67						
18						/	68						
19						/	69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33						/	83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.							TOTAL IND.			5			
TOTAL DEP.							TOTAL DEP.			95			
TOTAL CLAIMS							TOTAL CLAIMS			100			